Facility Program Statement Operational Guidelines

URS Bovis Lend Lease Joint Venture

OPERATIONAL GUIDELINES

THE MANDATE

The CPR is mandated to achieve constitutionally minimum medical care in California Prisons in part by constructing necessary clinical, administrative, and housing facilities. These facilities are being developed specifically to meet the CPR's overall mission of "reducing avoidable morbidity and mortality and protecting the public health by providing patients timely access to safe, effective, and efficient medical care."

THE RESPONSE

To accomplish this mandate, the proposed new facilities will be unlike any correctional facility currently found within the existing CDCR. These new facilities will be planned, designed, staffed, organized, and operated as health care facilities, with custody and security elements appropriate for the projected patient populations. There will be an emphasis on achieving an environment that is conducive to appropriate levels of treatment and programs for both medical and mental health patients.

To accomplish the goals of the CPR, new models of care in housing, treatment, and programs are necessary. New operational guidelines will be required, and a number of preliminary tenets are presented below.

The proposed new facilities are referenced as **California Health Care Facility (CHCF)** for the purposes of this Report and planning document. This is an appropriate designation since there is consensus by the CPR's Core Planning Team that this new facility type must focus primarily on the provision of health care within the context of a correctional setting that is appropriate for this patient population. The admission criteria into these new facilities will be based upon medical and mental health diagnoses, associated impairments, and chronic conditions that are appropriately treatable within these settings.

- The principles stated within the following Operational Guidelines Report respond specifically to the CPR's mission of developing facilities planned, designed, and operated as health care facilities, which house medical patients and patients with mental illness.

- The purpose of the Operational Guidelines is to establish the framework from which space and staff assignments will be made. Planning concepts contained herein reflect the recommendations stated recently in the "CPR Rec0048 – Core Planning Team Options Report."

- Reflective of California's prison system, the majority of new bed spaces will address the needs of male patients.

- Approximately seven percent of the total new CHCF beds will be dedicated to female patients. Female patient needs will be addressed at one of the new proposed CHCF sites. The women's CHCF site will be located on the same grounds as a men's CHCF site, but will be physically separate and managed.

- The Operational Guidelines will initially address the overall operational framework for men and women, with a final section addressing the Operational Guidelines unique to women patients.

- The CHCFs resulting from these Operational Guidelines will support the Receiver's mission of creating a "**sustainable health care system**" from which the State can continue to provide constitutionally minimum medical and mental health care services to California's prison inmates.

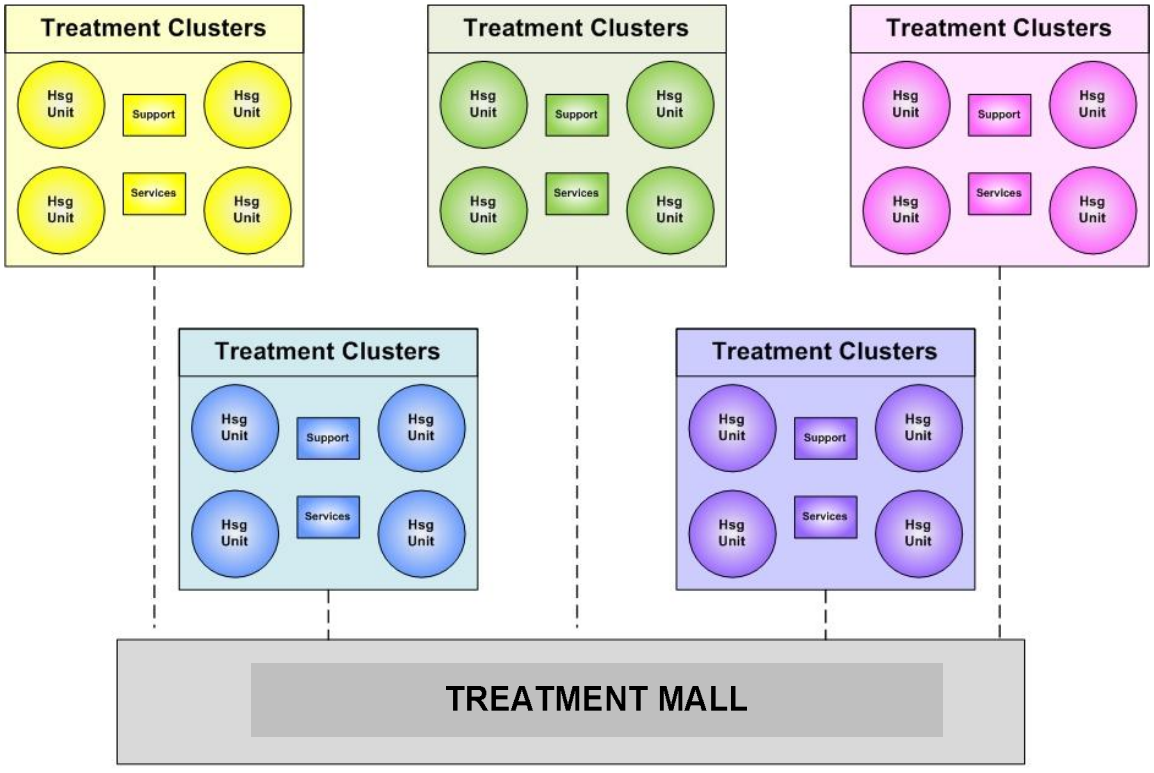
  Note: Several terms have been used previously to identify the proposed correctional medical and mental health facilities. These terms include, but are not limited to: "Consolidated Care Centers," "Medical and Mental Health Facilities," and "CPR Health Care Facilities." For the purposes of this Report, and for all future programming, planning, design, and construction reports regarding these facilities, the term "California Health Care Facility" or "CHCF" shall be used.

  For ease of reading this document, the term "patient" will be used in the FPS for incarcerated persons in these facilities requiring either medical or mental health services. Similarly, the CPR Core Planning Team has elected not to refer to the population to be served in these CHCF as "inmates". The term "patients" will refer to both individuals requiring medical care and those individuals with mental illness, although it is recognized that the use of the term "patient" is problematic in the context of the recovery model that is rapidly becoming the national standard for many mental health programs. The more common terms used within the recovery movement include, but are not limited to the following: a person (consumer, client) with a mental illness (or with a mental health problem).

HOUSING

Housing is a key element in the design of the new CHCF. Although patients will be encouraged to participate in centralized programs and services, a significant amount of time will be spent in the housing units. Housing for medical patients and patients with mental illness will balance the needs of providing adequate health care and security with the need to provide medically necessary treatment. The design of housing for physically ill patients and patients with mental illness will combine all of the essential features to ensure a level of care and custody that meets the health care needs of those individuals.

Various housing units will be grouped into "treatment clusters" according to patient medical and mental health acuity levels. Treatment clusters will provide patients with inpatient treatment and program support, and serve as the individual patient's "community" while assigned to the CHCF.



The State assumes responsibility for fostering appropriate patient privacy when assigning a patient to any health care facility. The design of the housing environment will promote the principle of personal space by providing both specifically-assigned, identifiable areas for each patient, as well as shared spaces where socialization with other patients can occur.

Security will be based on a "***direct supervision model"*** of management, essentially removing physical barriers, and requiring that *all* staff interact directly with the patients. All staff will receive specialized training in the principles of direct supervision, including those unique to the various acuity and security levels served in the health care facilities.

The organization of the CHFC housing environment will be through a de-centralized management approach. Assigned "Unit Teams" will make decisions regarding patient care and custody. The CHCFs will promote a significant new paradigm shift, where the patient's current behavior and clinical need will directly influence his or her housing assignment and extent of independent movement. The Unit Teams will have constant contact with patients and will have direct responsibility for assessing and monitoring patient progress.

To promote the direct supervision and unit management principle of treatment, the population will be divided into manageable units. This approach originates with the assigned living space of each patient and increases incrementally according to the level of need of a patient. The basic patient living space will be the cubicle or room. The number of individual patient spaces that are aggregated to a housing unit will range from 24 to 64 based upon the level of care required. Housing units will be clustered in increments of two or more housing units to form a treatment cluster.

Within this context of individual, group, and cluster levels of care, various housing types will be provided. A continuum of care model will be followed whereby housing assignments and levels of service will be directly influenced by the patient's current need. Patients will be assigned or moved to the most appropriate level of care. The following provides a summary description of the range of housing types.

Medical Housing

The Operational Guidelines for the CHCF Medical Housing addresses four levels of care: Specialized General Population, Low Acuity, High Acuity, and Hospice. Because patients will be classified by their medical condition(s), various levels of custody are incorporated within each housing type.

Specialized General Population Housing (Specialized GP)

Specialized GP will be a combination of multi-occupant sleeping cubicles in an open

setting with some single rooms. Single room occupancy will be based on either treatment needs or to control socially unacceptable behavior. Specialized GP housing is not a 24 hours a day medically supervised treatment space. Treatment will be provided in the treatment cluster or Treatment Mall clinic areas as outpatients. All Specialized GP housing will reflect the direct supervision form of management.

Low Acuity Housing

Low Acuity Housing will be similar to Specialized GP housing and will reflect a combination of open sleeping cubicles for two or four patients and single rooms operated through a direct supervision model. Nursing care will be available 12 to 16 hours per day, although treatment will be provided in the clinic areas as outpatients.

High Acuity Housing

High Acuity Housing will be operated as direct supervision, but with greater emphasis on single rooms due to the higher acuity needs of patients being served. Multi-occupant cubicles or rooms will be provided. All patient beds will need three-sided access and space and equipment for medical gases, call buttons, etc. Open nursing stations will be placed appropriately and clinical offices and exam rooms will be included or adjacent. High Acuity Housing facilities may be designed to meet Correctional Treatment Center (CTC) licensing standards.

Hospice and Dementia Housing

Hospice and Dementia Housing will have more single room capacity. As with High Acuity Housing, hospice patient beds will need three-sided access and space and equipment for medical gases, call buttons, etc. These rooms will be equipped with

seating for overnight visitation by family members and inmate caregivers. A single hospice unit is planned and will accommodate both male and female patients, with gender specific separation as necessary.

Mental Health Housing

The CDCR Mental Health Services Delivery System (MHSDS) Program Guide (September, 2006) describes the organizational guidelines that are being incorporated in the proposed new CHCF mental health housing units.

These guidelines address the varying levels of patient functions, behavior, treatment need, and security necessary for quality health care and custody.

Enhanced Outpatient Program Housing (EOP)

The EOP Housing will be a combination of cubicles in an open setting, as well as single rooms and double rooms. Single room occupancy will be based upon treatment need and current behavior. EOP Housing is not a 24-hour clinically supervised treatment space. Treatment will be provided in the mental health outpatient clinic area of the centralized Treatment Mall as well as at the cluster support and living unit level. Direct supervision will be the supervision model employed.

This environment provides housing services for patients who have a demonstrated inability to function in the General Population setting as a consequence of a serious mental disorder as evidenced by: an inability to participate in program activities, presence of dysfunctional or disruptive social interaction, and/or impairment of activities of daily living.

Enhanced Outpatient Program Housing High Custody (EOP-High Custody)

The EOP-High Custody will provide a more restrictive housing environment and programming to manage those patients who have demonstrated an inability to participate in treatment and be managed in the typical EOP. This may be due to current behavior as a consequence of a serious mental health disorder or some other factor. In addition to a physically hardened, more restrictive environment, a higher level of staffing will be required for patient management and staff safety. EOH-High Custody patients are currently planned to be accommodated in private rooms.

EOP-High Custody is not a 24-hour clinically supervised setting. Treatment services will be provided at a location appropriate to the patient's current behavior and need (i.e., escorted to scheduled services at the centralized Treatment Mall and/or at the unit or cluster support level).

Mental Health Clinically Supervised Housing

The largest percentage of the mental health housing will be devoted to housing the EOP, including EOP-High Custody population. Some patients will require housing areas that are clinically supervised, including mental health patient areas for increased levels of acute illness. As such, the amount of open housing or multiple patient rooms will decrease. However, the design and management principles remain constant – supervision is direct for both clinical and security purposes and emphasis remains on natural light in an open environment. The mission is to improve patient functioning to a level of acuity, which requires a less restrictive, treatment-intensive environment.

The Mental Health Crisis Beds Housing (MHCB)

The MHCB Housing is an inpatient and licensed unit with 24-hour nursing care. Patients admitted to the MHCB demonstrate a marked impairment and dysfunction in one or a combination of the following: activities of daily living, communication, and social interaction; and/or danger to others as a consequence of a serious mental disorder; and/or danger to self for any reason. The mission of the unit is to provide evaluation, intensive treatment, and/or monitoring to stabilize patients for return to their assigned housing area or transfer to a needed higher level of mental health care.

The length-of-stay for this unit is generally up to ten days. Patients whose condition cannot be stabilized within ten days will be transferred to a higher level of care, such as Acute Psychiatric Program. The design of MHCB must provide for treatment rooms for group and individual sessions, high observation capability of all patient areas, natural light in all patient rooms, and acoustical attenuation.

Intermediate Care Facility Housing (ICF)

The ICF Housing is a licensed mental health care facility. ICF provides a highly structured inpatient psychiatric care environment with 24-hour nursing supervision for patients with major mental disorders, serious to major impairment of functioning in most life areas, requirement of stabilization or elimination of ritualistic or repetitive self-injurious/suicidal behavior, or stabilization of refractory psychiatric symptoms. These patients have demonstrated an inability to adequately function within the structure of the Enhanced Outpatient Program (EOP) level of care.

The housing design supports adequate, accessible treatment rooms for both group and individual sessions, a normative environment with natural light into single patient rooms, and common use spaces to promote a functional community. The majority of the patients will have free movement within the unit, to the adjacent outdoor activities space, cluster support areas, and to the Treatment Mall as determined by their clinical status.

Intermediate Care Facility - High Custody (ICF-High Custody)

The ICF-High Custody housing will also be a licensed mental health care facility. ICF-High Custody will provide a setting for patients who have demonstrated an inability to live in ICF or EOP due to mental instability typically characterized by a high risk for violence and/or self harm. This unit has 24-hour nursing supervision. The unit design is the same as that of the ICF; however, the treatment program is highly structured and restricts patient movement based on current clinical presentation and behavior. Treatment services are provided at the unit with some access to cluster support services as clinically indicated. Dining takes place in the patient rooms.

Acute Psychiatric Program (APP)

The APP is a licensed acute care psychiatric facility. Patients admitted to this level of service demonstrate impairment of functioning with signs and symptoms that may be attributed to either Acute Major Mental Disorder or an Acute Exacerbation of Chronic Mental Illness, as defined by the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). Such signs and symptoms may render the patient unable to carry out activities of daily living, unable to provide for basic needs, or use available supportive treatment resources. This could pose a significant risk of self harm or harm to others, and non-response to treatment in a non-acute or outpatient level of care. The design will feature all single patient rooms. Generally most treatment and support services will be provided on the unit. Specialized, centralized treatment and diagnostic services, such as radiology and dental space services which cannot be provided on the unit will be arranged as appropriate to the patient's clinical status. The anticipated length-of-stay for stabilization and release from APP is 30 to 45 days. Current projections require the development of Intermediate Care Facilities and Acute Psychiatric Program Facilities in only two locations of the proposed CHCF sites, one in Northern California and one in Southern California.

Medical and Mental Health Housing Unit Activities

A typical patient day will involve participation in a range of treatment activities that are centralized within the CHCF. Patients will move to these functions on a schedule that is a part of their "care or treatment plan" which will be monitored by staff at the housing cluster level. These centralized functions, which are located in the Treatment Mall, are critical to the socialization process. However, equally important will be the range of activities that are directly accessible from the housing unit. The most critical of these *de-centralized* activities include the following:

Dining

Patients will dine either in designated dining areas within the cluster support area, housing units, or in-room as necessary. Meals will be delivered to a preparation area in the housing cluster and distributed from the cluster pantry to the appropriate dining area. The housing unit dining area should have natural light and impart as normal an atmosphere as possible. Walking to and from dining and eating together is recognized as a therapeutic activity.

Recreation/Therapeutic Activities

Patients will access a variety of recreation and therapeutic activities in centralized locations, such as the Treatment Mall, the exercise area, outdoor recreation field, etc. However, a significant amount of activities will occur within the housing environment. Each housing unit will include an outside recreation yard that is an extension of the dayroom space and is accessible during program hours. The dayroom will be sized to accommodate housing unit group meetings and general socialization activities. A separate quiet room will adjoin the dayroom space.

Individual and Group Therapy

A goal of mental health housing will be to provide an environment and treatment setting that encourages more extensive participation in centralized activities and therapy. All housing areas including medical housing due to the number of patients with dual (physical and mental health) diagnosed conditions must be designed with a combination of single and group therapy rooms. The number of rooms will be dependent on both the number of patients and the severity of their illness.

Medication Distribution

One of the daily (multiple times) activities at the housing unit is the periodic administration of medications. Reinforcing the treatment principle of encouraging patient responsibility and accountability, the administration of medication will usually occur at the housing cluster support area. Patients will be assigned a time to receive medications at “pill windows” in the cluster support. Some patients will be administered their daily dosages at bedside from medication carts by the nursing staff. Adequate space must be provided in the housing cluster support area to accommodate queuing of 30 or more patients at one time.

Census-Taking (counts)

Accurate accounting for all patients is a critical component of the security mission of the CHCF. In these facilities, census-taking methods will be adjusted to allow individual and

group treatment to continue without requiring a patient to return to the assigned housing unit. Census taking will be done by custodial staff. Use of new technology for these projects may allow for the use of electronic/biometric devices for census counts. Traditional "bed counts" will be reserved for the times when patients are confined to the housing units.

Span of Control (unit, cluster, facility)

The CHCF will be organized and staffed to focus treatment on the individual patient through a combination of unit and housing cluster staff. Centralized treatment staff will focus on patients in group settings, while the housing cluster staff will be responsible for assuring that the individualized "care or treatment plan" is maintained and monitored. In a similar vein, staff and patient security will be the responsibility of the housing unit and housing cluster security team, while movement monitoring and centralized security will be the responsibility of the facility security team.

DIAGNOSTIC AND TREATMENT SERVICES (D&T)

The success of the CHCFs will be judged by the success of the Diagnostic and Treatment Services. Direct supervision will be utilized throughout the treatment services areas. Waiting areas will be open spaces with natural light. Clinic treatment rooms will provide the visual observation needed for safety while ensuring appropriate patient privacy. Exceptions to the clinic-based location will be housing unit triage rooms and housing-based therapy rooms. Those will be located in the housing-unit areas to reduce unnecessary or unsafe movement of the more seriously ill or behaviorally-challenging patients. Functions within D&T Services require significant equipment and laboratory spaces to accommodate established medical and mental health protocols.

Providing a professional working environment for treatment and support staff is a critical mission of the CHCF. The clinic areas must include an adequate number of offices and support areas for permanent staff, as well as visiting medical specialists, in order to recruit and retain quality health care professionals.

The Medical Clinic

The Medical Clinic serves as the site of primary care. It is the heart of the Diagnostic and Treatment Services (and the CHCF as a whole) and is critical to the successful implementation of a positive approach to patient treatment. The Medical Clinic will provide daily scheduled medical and ambulatory care for all patients in clinical settings appropriate for this level of care. Clinics will be co-located with other facility-based medical functions to create opportunities for staff interaction, higher efficiency of patient management, and increased patient throughput for clinic and diagnostic services.

Separate specialty clinics will provide access to medical and mental health care specialists as determined by the primary physicians in the Medical Clinic. These specialty services will be provided on-site whenever possible, thereby avoiding the costs of off-site transportation.

Triage/treatment rooms on housing units will be used for nurse sick call, minor treatment needs, and medication education and distribution. The purpose of the triage rooms is to enable the nursing staff to deliver care with minimal delay or movement.

Physical Medicine and Rehabilitation

One combined Physical Medicine and Rehabilitation space is proposed for cost efficiency and maximum use of staff, equipment, and space. Physical therapy, speech/audiology therapy, and occupational therapy are important treatment options and frequently result in patient improvement without resorting to more costly and invasive treatments. Therapies can be demanding for therapists and patients. A functionally supportive environment is important, and should provide adequate spaces and open areas.

Diagnostic Imaging

Diagnostic imaging will be made available on-site to the extent practical. The types of imaging to be included will depend on number of patients at the site, cost of equipment, and space requirements.

Full service diagnostic imaging will be provided through an outside contract as needed. The facility will be designed to accept mobile MRI and Nuclear Medicine vehicles. Mammography and ultrasound services will be made available for facilities housing female patients.

Procedure Center

The Procedure Center will offer the following types of procedures: endoscopies, colonoscopies, biopsies, excisions, and incisions. These will be located at all the proposed CHCFs and be located in the main Treatment Mall. The service will also be located adjacent the Imaging Department to allow for sharing of common support and/or patient pre/post procedure holding or recovery.

Laboratory

On-site provision of laboratory services is critical to obtain the full benefit of Diagnostic and Treatment Services. As with imaging, the extent of services will be determined by patient base, cost of equipment, room requirements, and government licensing restrictions.

A separate laboratory consultant to the CPR is advocating more extensive de-centralized and point-of-care testing capability where routine laboratory tests and results can be obtained immediately at the point of patient testing. Traditional large laboratory spaces and operations are not anticipated, and more sophisticated and costly laboratory tests will be contracted out, or be handled by proposed "hub" referral laboratory settings within the CDCR system.

Pharmacy

The prompt and accurate provision of medications to the physically and/or mentally ill patient is a critical component of any health care system. The availability of "stock drugs" for immediate use will be dependent on arrangements with the pharmacy provider. A full-service contract pharmacy with 24 to 48 hour delivery of individual patient's medications should be utilized.

Maxor is the CPR pharmacy consultant, and new operational models have been proposed, and are being implemented at some existing CDCR sites. Traditional large pharmacies will not be provided. Instead, individual medication rooms and/or automated dispensing units will provide de-centralized medication supplies and dispensing capability within housing units and clinical areas of the CHCF.

Dialysis & Infusion Centers

Most dialysis patients will be ambulatory. Due to the long and frequent periods of treatment required, the design of the dialysis clinic should provide a functional environment. Portable dialysis stations for bedside use will be provided for non-ambulatory patients.

Infusion is the process of providing a patient with fluid, blood or blood product, a drug or nutritional product directly into the bloodstream. Infusion services will be provided in spaces similar to the Dialysis Center and be located adjacent to take advantage of support functions, which can be shared. The Dialysis and Infusion centers will be located at Facility Types 1 and 5.

Patient Management Unit (PMU)

This unit provides a wide range of services including Admission and Discharge, Utilization/Care Management, Specialty Care (inside and outside appointments), Bed Management, Telemedicine, and Appeals.

The main function of the Patient Management Unit is to serve as the processing unit to filter incoming and discharged patients through these facilities. The PMU will be an open, direct supervision environment – similar to a community hospital waiting room – that demands proper behavior in exchange for professional, respectful treatment. The space will include therapeutically approved seating with video screens for orientation and education. Custody staff will be available to address behavior problems in the waiting rooms.

The work stations for multiple disciplines will be scattered around the Admissions and Discharge component, reinforcing the theme of a quiet, professional, and health care environment. Placement will reflect the need for privacy when patients are asked to discuss their health histories. Work station functionality will expand and contract to meet work load. Visual and audio privacy will be provided as needed.

The other primary goal of the PMU is to process patients back to the CDCR facility from which the patient arrived. There will be an area for caretakers to discuss medical needs with families and for probation/parole officers to meet with patients. There must be access to a waiting area for those picking up released patients.

Mental Health Treatment Rooms

Individual treatment rooms will provide space for clinicians and patients. The rooms will allow for visual observation and acoustical privacy. Treatment rooms will be primarily located in the housing cluster support area adjacent the clinician's offices. Evaluation and assessment activities will also take place in these rooms. Several treatment rooms will be located in the Treatment Mall so that clinical staff can intervene on a one-on-one basis with patients needing immediate consultations.

Group treatment rooms will be located in the Treatment Mall, housing units, and in housing cluster support areas. These rooms will be designed with natural light and a normative environment, with good visual observation, and acoustical privacy. Mental health clinician offices will be provided adjacent the housing units and consist of private and semi-private offices, or "hoteling" work spaces, with adequate room for office work and consultation with colleagues.

Dental Services

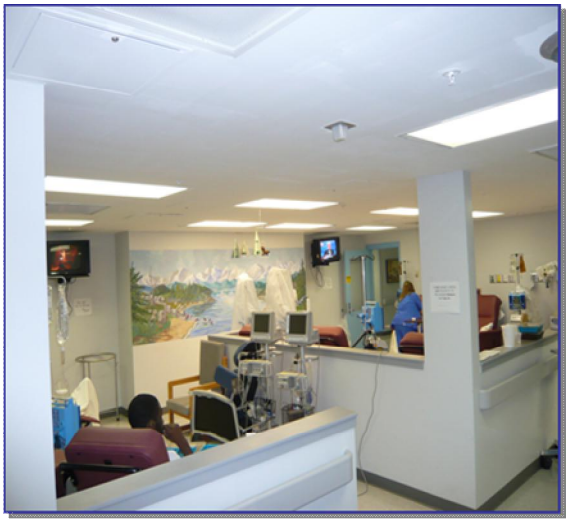
General dentistry services will be available per requirements of the *Perez vs. Tilton* class action, as well as dental surgery/specialty services. Services will include regular dental exams and cleanings, and when necessary, providing remediation for cavities, performance of root canals, and creation of necessary caps, crowns, and prosthetics such as dentures. Patient education is an important element of this service and appropriate space needs to be provided.

Unit Health Record

Electronic medical records (EMR) will be implemented system-wide as soon as possible. Redundant storage will be located outside security in the administrative offices' records area or in a central data bank. It is anticipated that the implementation of EMR systems may take several years. In the interim period, space needs to be provided for the handling, storage, and distribution of traditional paper charts. The active unit health record (UHR) will be stored and maintained at the assigned housing unit or cluster support space.

Triage and Treatment Clinic (TTC)

Urgent care will be available 24 hours per day, 7 days per week within the proposed TTC. Whenever appropriate, care will be provided inside the facility. By having adequate staff and equipment in place to handle routine urgent care patient situations, the well-being of both the patients and the community will be assured. In more emergent cases, care will be provided off-site via contractual arrangements with area hospitals. In those situations, patients will be stabilized in the TTC while awaiting emergency transport.



PATIENT COMMUNITY/INSIDE SUPPORT (Treatment Mall)

Patient Community/Inside Support is arranged in a therapeutic "treatment" setting that has the necessary programs and services organized in a "mall-like" environment where patients will move to these areas as required. This "Treatment Mall" will be in a central and accessible location to encourage patient use and movement from the housing areas. Most clinical services will be integrated within this setting to achieve economies of staffing, patient scheduling, staff interaction, and sharing of equipment and/or space if appropriate. Other non-clinical patient programs such as academic education, vocational education, and libraries, are also expected to be part of this Treatment Mall. The clustering of clinical and non-clinical programs will reinforce the Treatment Mall as the primary focus of central patient activities and movement.

Visitation

The goal of visitation is to support the health care mission by providing a suitable space for official business or family reunification to take place. The size and number of visitor areas will be driven by the overall size of the facility. The room size and location should promote effective visitation. The visitation area(s) will include a check-in and waiting environment and have basic amenities such as lockers, restrooms, and child play areas for family visitation.

General Visitation

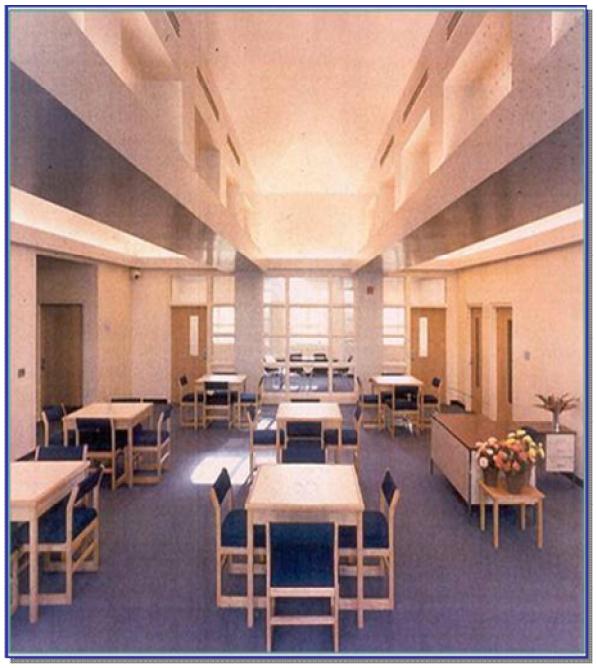
General Visitation will provide for attorneys, corrections, and law enforcement officials to meet privately with patients. For security purposes, rooms will need both observation capabilities and acoustical privacy.

Family Visitation

Family Visitation can promote health and rehabilitation, and thereby support the mission of the CHCF. The majority of visitation will be for general population families. Contact visiting will be similar to the visiting at existing CDCR institutions. Contact visiting typically involves a fairly large number of patients and their families gathering in a single large room at a scheduled time. Non-contact visiting rooms will also be provided. Non-contact visiting for patients with behavioral problems will be more time consuming for staff, but is no less important.

Specialized Visitation

The Specialized Visitation program will include bedside visiting for the acutely ill, small family visitation areas with child play space, and video visitation capability.



Education

The Education services program responds to State requirements under AB 900 for rehabilitation and will be situated adjacent the Treatment Mall. Education services will be shared by both medical and mental health patients, but typically separated by scheduling. All rooms will have visual observation and acoustical privacy. The Education services program includes:

- *Academic Education*
- *Therapeutic Education*
- *Vocational and Pre-Vocational Education*

Recreational Therapy

Recreational therapy programs for CHCF patients will take into account their clinical status. While the gymnasium can support large muscle exercise, other areas will provide opportunities for less vigorous recreation.

Indoor Recreation

Some indoor recreation space will be provided on each housing unit for those with limited mobility.

Outdoor Recreation

Outdoor recreation provides opportunities for socialization and low-impact activities, as well as private time. It will also include areas to promote physical rehabilitation with varied walking surfaces. Access to the natural world will also promote rehabilitation. Outdoor areas will be available off all housing units to enable therapeutic recreational therapy programs. These facilities will not have the traditional large prison-like recreational yards.

Religious Programs

Per Title 15 (California Administrative Code) Religious Programs will be a program activity in the CHCFs. Although religious activities will be primarily centralized with multi-faith rooms for services, the housing unit multipurpose space will include some religious service accessible for all.

Library

The CHCF library will be centrally located and available to all patients, as required by Title 15 (California Administrative Code). Book exchange areas and bedside cart service will be employed. The central library facility will have the capacity to support the mobile library program.

The legal library will be designed to encourage use of an electronic law library in order to reduce costs and space requirements. Selected hard cover reference books (per Title 15) may be required, as well as adequate working space for users. Provisions will be made for access to library resources for patients unable to go to the library.

Food Service & Scullery

Food preparation and presentation will be an important adjunct to the efforts of the medical and mental health care givers. Adequate nutrition is an important part of the facility mission. In order to ensure the highest quality presentation possible, re-heat or re-thermalization capability will be adjacent each dining area; licensable where needed. Food service capability for more acute patients will require small preparation areas for special needs situations.

Patient Dining

Patient dining will be designed to provide meals in as normal an environment as possible. Patients will be encouraged to walk and eat in their housing cluster support dining areas. An adequate number of dining areas will be provided to allow time for meals (impaired and elderly may eat more slowly). Where mobilization is an issue, bedside dining will be allowed. High custody patients may be required to eat in their rooms when appropriate.

Staff Dining

The CHCF staff dining areas will provide an environment and include both the vendor contract space, re-thermalization, and vending/microwave capability. As with any staff amenity, dining supports the mission by aiding in staff recruitment and retention.

Distribution and Services Center

The following services will be provided per Title 15 (California Administrative Code):

Clothing/Linen Exchange

Clothing/Linen Exchange will be conducted on the housing units as frequently as needed per individual patient. Laundry services may be contracted out to private providers or to the Prison Industry Authority (PIA). Linen carts will be used for distribution of clean linens and to move soiled linen to the laundry area.

Mail Packages

Mail Package Distribution is an important patient program, which can hasten recovery. Actual mail delivery will occur on the housing units. Package pick-up will be centralized within the housing cluster support area.

Canteen Services

Canteen Services will be provided in two ways. All patients will be provided access to the usual CDCR canteen products that will be modified to fit a “healthy choice.” In some cases, arrangements will have to be made for bedside ordering and distribution.

ADMINISTRATION

The purpose of administration is to support the functions of the CHCF. To do so, administration must provide a solid business underpinning for the operation. Persons and materials must be in place in sufficient quality and quantity to support the efforts of the treatment and security staff.

Administration is divided into two sections identified by location in relation to non-patient and patient areas.

Executive Administration

The Executive Administration building will be similar in appearance to any community facility, and will be located outside the internal secured patient areas, but within the perimeter fence. Security barriers will be in place, but designed to be as unobtrusive as possible. The "first impression" goal will be to provide an environment that visitors feel secure, comfortable, and confident of having their needs met. The major mission of Executive Administration is to take care of as many functions/issues/visitors as feasible outside the internal secured patient area. Most importantly, the treatment and security staff remain insulated from distractions. Effectiveness will be defined by not only completion of the job function but also by the function's ability to divert outside persons from having to enter the secured patient area of the facility. For example, locating personnel and purchasing outside enables applicants and vendors to conduct their business easily and with minimal security concerns. For the same reason, the administrative suite and conference room for the Health Services Administrator (the CEO) will be located in this building.

Operational Administration

Operational Administration will be located inside the secured patient area. These administration functions support the mission of the CHCF with a hands-on approach. The goal for the Operational Administration is to insulate the treatment teams from distractions that compromise the mission of the facility. Inside administrators are more

likely to deal with staff or patient issues than outside visitors, but will serve as an additional source of information or direct interaction with outsiders as may be necessary.

Staff Services and Professional Development

The staff service areas are primarily provided to serve the needs of the most important members of the health care team – those individuals who interact with and care for the patients on a daily basis. The objectives of the staff service areas are to provide appropriate space for staff needs. Some of these services will be located outside the secured patient area and some will be within this area. Various staff services/training and wellness areas serve the overall mission by providing needed services to staff while they are working inside, or allowing the services to be available without having to enter the secured area of the facility.

Board of Parole Hearings

Board of Parole hearings will be an important part of the treatment plan for many parole eligible patients. Attaining a state of health that allows consideration for release as a parolee is probably the most significant incentive for health care compliance available to the staff. The room(s) to accommodate Board of Parole hearings will be located inside the secured patient area and provide easy access to patients, parole officials, and other visitors.

Central Control Room

Occupants of the Central Control Room are ultimately responsible for the safe operation of the facility. Thus, they have a critical role in mission success. Occupants must have

either video or line-of-sight observation of all critical areas of the facility to allow them to observe patient behavior throughout the facility. This staff is also responsible for monitoring perimeter security and controlling entry and egress to the secured patient areas of the facility. The Control Room must be appropriately hardened and secure with redundant communication capability to ensure a reasonable comfort and safety level for staff.

OUTSIDE SECURITY FACILITY SUPPORT

Facility support components include warehousing, plant maintenance, central power plant, and transportation. These are critical components of a full-service, stand-alone support operation for the health care facility.

Work Crew

The CHCFs will not contain inmate worker housing similar to CDCR prisons. All housing will be for health care patients who are assigned to the facility due to health needs. CDCR has instructed the Core Planning Team that CDCR Level I inmates will not be allowed inside the perimeter fence. Any activity that typically uses CDCR Level I inmates, such as laundry, distribution, warehousing, and food preparation, will be located outside the secure perimeter when operating efficiencies permit. Facility design will provide access from any adjacent CDCR Level I facility to the work areas only at sites where CHCFs are co-located with existing CDCR prisons.

Food Services Factory (outside secured perimeter)

The alternatives for food preparation, storage, and distribution are continuing to be evaluated in terms of efficiency, costs, quality, and life-cycle considerations. Cook-chill facilities continue to remain an attractive option given cost and efficiency considerations. If provided, the facility will be located outside the secured perimeter, and have a major role in supporting the mission of the health care facility. Food preparation and presentation to the patient is recognized as a critical component of the treatment process.

As in any major health care facility, the kitchen staff will have a number of obstacles to overcome. While many of these patients will be able to eat a standard diet, a significant

portion of patients will require a special diet to assist in controlling their disease or for religious purposes. Other patients will be too ill to want to eat and will require special dietary supplement drinks for nourishment. In addition, there must be a separate, licensable kitchen/diet kitchen to prepare meals for all licensed health care beds. The licensed kitchen can be adjacent the regular kitchen and will share support services such as purchasing, storage, and sanitation.

Re-Thermalization/Re-Heat *(inside secured perimeter)*

Re-thermalization facilities will be located inside the secured perimeter. These facilities will serve the individual dining halls and housing areas and must be licensable if serving licensed areas. They support the efforts of the cook-chill section to provide the special diets and other nutritional needs of the patients.

Plant Maintenance

Health care facilities demand increased maintenance due to their medical treatment delivery services. Maintenance staff will be responsible for medical equipment monitoring and maintenance. This facility will be located outside the secured perimeter to reduce security concerns.

Environmental Services

Services provided for these CHCFs will be completed by staff or contract services. A centralized space and equipment rooms will be located in various buildings.

Vehicles

Vehicle storage and fueling will occur on-site. Vehicle maintenance will not be provided on-site. A vehicle manager will supervise periodic maintenance, such as tire changing, etc.

Warehouse

This area should be sized for adequate receiving, storage, asset tracking, and delivery to functions located inside the secured perimeter. In addition, the mailroom, canteen, and outside vendor equipment storage will be included.

PERIMETER

Safe and effective management of the secure perimeter is essential to the success of the CHCF – anything less is unacceptable. The goal of the CHCF initiative is to provide a new paradigm for treating the medical and mental health needs of health-compromised California inmates. Having the freedom to provide quality health care will depend on achieving the first requirement of any facility holding prison patients: protect the safety of the free community by confining the patients as prescribed by law. The perimeter must operate in a manner which minimizes its intrusiveness into the community. For the perimeter to remain in the background there must be a relatively unobtrusive passageway through it for those who need to enter the secure facility.

A 24-hour staffed tower will be located to supervise the vehicle sallyport gates. This tower will be an armed post to cover the only opening in the "electrical/lethal" fence (E-fence). This tower will supervise the armory/lockshop building.

Entry Building

The entry building serves as the "front door" of the facility and controls the entry/egress of the public and staff. It is located outside of the perimeter fence.

Parking

The parking facility must provide an adequate number of spaces, and it must support the mission of the facility by providing access that is easy and automatic. Minimal designated parking will be utilized to maximize multi use areas. Dependent on the site, the parking facility may be a simple, ground-level arrangement or a multiple-level garage.

Armory/Lockshop

The armory/lockshop facility will require a smaller armory than typical CDCR facilities due to the proposed reduced gun-coverage on CHCF campuses and anticipated less weapons use. The lockshop will be combined with the armory. Both facilities will be secured structures.

Fence Line

Straight lines between corners are required. Ideally, the fence will consist of rectangular enclosures without fencing bends, curves, or undulations in grade that impair sightlines and provide hidden areas. The fencing corners will be clipped at 45 degrees in order to locate towers on the center of the "E-fence" line, and to allow patrol vehicles to provide a high speed response, if required. A patrol road will be continuous around the outer

fencing line. This road is for facility vehicles only, and service/delivery access will require a separate roadway.

Officers need to see along the fencing lines (ideally from corner to corner) and through the fences as well from a sitting position. This precludes deep ditches or high berms, which provide hidden areas. In short, fencing lines that roll with the terrain are unacceptable, as are significant elevation changes between the outside and inside fencing lines.

Vehicle Sallyport

A single vehicle access point through the perimeter fence line will occur at the vehicle sallyport. Direction to date is for two paths in/out within the single sallyport, so that vehicles stopped for a longer inspection do not delay needed supplies, ambulances, or other facility functions.

WOMEN'S FACILITY

Female patients who meet medical and/or mental illness criteria will be assigned to the proposed womens' facility within a CHCF site. Strict sight and sound separation must be maintained between the women's and men's facilities. While a limited amount of sharing of core facilities will occur, such sharing will be accomplished on a scheduled basis without co-mingling of patients or staff.

Determining the services, programs, and space requirements for the women's facility is based upon projected program participation rates as a guide. Qualification for assignment to the women's CHCF will be based upon medical and/or mental health need. Although pregnant women may be assigned to the women's CHCF, pregnancy alone is not a criterion for assignment to these facilities.

Women patients will require access to specialized treatment areas within the Treatment Mall. These services will be provided on a scheduled basis, and be rigidly monitored in order to avoid visual or audible contact with male patients at any time.

The operations of the CHCF will be different from traditional CDCR prisons, and the architectural design will be reflective of its health care services mission. Security procedures will be apparent with the focus on staff-generated security rather than barriers and devices.

Housing

The operational basis for women in Specialized General Population (Specialized GP) and Enhanced Outpatient Program (EOP) is a 40-bed module, sub-divided into two distinct 20-bed living units. No dormitories will be used for women in any part of the CHCF. The low and high acuity medical and mental health beds will be operated with beds allocated in 32 and 48-bed living units. All women patients will be assigned either a single, double or four-person occupied room.

Housing units will include common areas such as a dayroom, quiet room, and TV viewing room. Women patients will have access to these spaces throughout the day. Rooms must be left unlocked to permit access to toilet facilities. A privacy lock should be provided for each room that can be controlled by the patient, but over-ridden by staff, if necessary. Toilets and showers will utilize privacy panels and be allocated according to ACA and plumbing code standards. Women can access the toilet facilities at all times of the day and night without staff intervention.

Medical and Mental Health Housing Unit Activities

In order to support the principles of direct supervision**,** the organization of the housing

environment will be through a de-centralized management approach. Decision-making regarding the care and custody of patients will be made by Unit Teams that are in direct contact with patients, and therefore, space for the Unit Teams will be provided in the living area.

Women patients will access out-patient treatment and program services at the women's Treatment Mall, which will be similar to the men's Treatment Mall, but sized to accommodate the needs of the female population. Nonetheless, a great deal of female patients' daily time and activity will be spent in the housing cluster support areas and living units. These areas will be designed to maximize natural light, outdoor access, therapy, and recreational areas.

Dining provides an important opportunity for normalization and socialization. Most women will take their meals in dining rooms that will be located in or adjacent the dayroom on the housing unit. A small percentage will dine in their rooms, as their clinical status requires.

Three to five living units will be grouped to form a "treatment cluster", and in effect, the patient's "community." The cluster support area will house offices and interview rooms for the treatment teams, examination rooms, the medication dispensing room, clothing exchange room, and a canteen shop, among other spaces that support the living units. The functions contained within the cluster support building should be accessible from a central circulation atrium that has an abundance of natural light and ready access to the various services that will be available.

Women's Treatment Mall

Many of the daily treatment needs for the women will be met in the living units, cluster support, and women's Treatment Mall spaces. Certain specialized treatment needs will be provided on a rigidly scheduled basis. The hierarchy of treatment functions begins in the patient's private or semi-private room, flowing to the living unit activity spaces, then to the housing cluster support spaces, and then to a women's Treatment Mall.

The women's Treatment Mall will also be the location of the educational and vocational training classrooms and teaching labs. Each patient will have a specifically prepared treatment plan that allocates hours per day for treatment, educational, recreational, and leisure activities. All able-bodied female patients will access the women's Treatment Mall according to their daily schedule of activities. Able-bodied patients will serve as aides to those women who are wheelchair-bound to access the women's Treatment Mall functions.

Most of the routine diagnostic and treatment functions for female patients will be located in the women's Treatment Mall. The primary clinical services to be located there include

Physical Medicine and Rehabilitation, the Medical Clinic, and the Mental Health Clinic.

More specialized clinical services for women patients will be provided in space assigned specifically for women, but in areas that are co-located with like-services for the male patient population in their Treatment Mall. Women's services that will be co-located with men's services in their Treatment Mall include the following: Triage and Treatment Clinic, Dental services, Imaging services, Dialysis services, Infusion services, and the Procedure (endoscopy) Center. Mammography and Ultrasound services for women will be provided in the women's Medical Clinic.

The operational intent is that the women's Treatment Mall becomes a hub of activity in which the opportunity for significant interaction of staff and patients occurs in a normalized fashion. Although the women will represent varying acuity levels, the focus of treatment and interaction is to empower the patients to make positive choices regarding their wellness and to be held accountable for these choices.

Centralized Functions for Women

As stated previously, the women's CHCF is largely a separate institution within the perimeter of a 1,300 to 1,500-bed men's CHCF. There will be separate buildings for women. Certain centralized functions, however, will be co-located, but operationally separate from the men's central functions. Some functions will be shared and used on a scheduled basis.

The administration of the women's CHCF will be operationally distinct from the men's administration and while all staff will enter the CHCF though the same secure access point, staff for the women's CHCF will proceed through a separate administration area into the facility. Most of the administrative positions that are included in the men's CHCF will be duplicated for the women.

Another centralized, but separate function will be visitation. All visitors will access the same reception lobby, but will separate at that point into distinct processing areas for men and women. The visitation program and facilities for women will focus heavily on supporting family reunification efforts. Many of the women will be striving to maintain a meaningful relationship with their children. The visitation area will need to have additional emphasis on individual family areas and play areas. The multi-purpose rooms must be capable of supporting parenting classes or other mother-child activities.

Noted earlier is the fact that selected specialized medical functions will be shared in the men's Treatment Mall through scheduling. The circulation spaces used by women to access these scheduled activities should be sight and sound separated from the men. Within the men's Treatment Mall, secured doors and/or circulation elements must separate any co-located areas.

CONCLUSION

This description of proposed operational principles for the new California Health Care Facilities is vital to understanding the proposed functional, staffing, and space programming sections which follow. These new facilities will be successful only if there is a consistency between the operational principles and the design, which supports them.

The following sections of this Facility Program Statement are based upon these Operational Guidelines. There will be a continuing need to develop much greater detail in specific functional or departmental operational systems to achieve a smooth transition upon completion of these facilities.